

Reproduce Locally. Include form number and date on all reproductions.

FORM ACTION REQUEST	USDA-AMS	INSTRUCTIONS: 1. Type or print clearly. 2. Send original to Information Management Branch, Compliance and Analysis. 3. Attach a draft copy of form. 4. Complete items 1 through 18.	FOR INFORMATION MANAGEMENT BRANCH USE ONLY	
			Analysis indicates reporting requirement <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Initials	Control Number

SECTION I - USAGE EVALUATION AND USER COST DATA (To be completed by Program Manager)

1. TYPE OF FORM ACTION ("X" ONE) <input type="checkbox"/> New <input type="checkbox"/> Revised	2. FORM NO. (If known)	3. FORM TITLE (Proposed/Current)	4. PRESCRIBING ISSUANCE (Attach final or draft)
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5. COPY PREPARATION AND DISTRIBUTION

Copy(s) Prepared in One Writing	Distribution (Show where copy(s) will be sent after form is filled in)
Part 1 (Original)	
Part 2	
Part 3	
Part 4	
Part 5	
Part 6	

6. INITIAL REQUIREMENT (Quantity)	7. EST. ANNUAL USAGE (Quantity)	8. TYPE OF FILE ("X" One)				9. COMPLETED BY ("X" One)				
		Folder	Visible	Ring Binder	Card	Typewriter	Hand	Computer		
10. SUPER-SEDED FORMS	Form No.	Edition Date	Destroy	Use	11. USED BY	12. RECOMMENDED STOCK POINT ("X" ONE)				
					Washington	Field	LW (CSB)	FSO	HDS	Other (specify)

13. PURPOSE AND FUNCTIONS

A. **WHERE** will the form be completed? (Identify the number and type(s) of office(s), e.g., 5 Regional Offices, 47 Area Offices etc.)

B. **WHO** uses the information collected? (Identify the office(s) using the information for analysis, reporting, recordkeeping, etc.)

C. **HOW** will the information collected be used in connection with your organization's program planning, management, and evaluation functions?

D. **WHAT** is the basis of authority for collecting this information? (Statute, CFR, FPMR, or other document)

E. Have you considered other alternatives for collecting, transmitting, and processing the information in lieu of a form? (i.e., electronic mail, X, ADP, etc.) ☐ Yes ☐ No (If "YES", briefly explain why other options cannot be used)

F. Describe impact on your program if the information collection were disapproved by management.

SECTION I - USAGE EVALUATION AND USER COST DATA (Cont.)

14. USER COST (Include field and headquarters cost for processing of ONE form)

ACTIVITY FOR FILLING-IN AND PROCESSING ONE FORM	A. GRADE	B. NO. PERSON(S) (at indicated grade)	C. HOURLY RATE (use step 4 of grade)	D. TOTAL TIME		E. TOTAL COST (C x D)
				HOURS	MINUTES	
(1) Collecting Data and Fill-in (Resulting from field investigations, administrative actions, consolidation from source documents, finalizing (typing form) etc.)	GS-		\$			\$
(2) Analyzing and interpreting data						
(3) ADP Input (If applicable)						
(4) Filing						
(5) Postage						
(6) Other (Specify)						
TOTAL COST FOR ONE FORM (Lines 1 through 6)						\$

15. REMARKS (Include suggestions (if any) on specifications for printing and construction of form e.g., cut sheets, sets, pads, card, etc.)

16. NAME, ORGANIZATION, TELEPHONE NO. OF REQUESTOR

17. SIGNATURE OF APPROVING OFFICIAL (Forms Liaison Representative or Branch Chief/Program Deputy Administrator)

18. DATE REQUESTED

Forward to the AMS Information Management Branch after completion of Section I.

SECTION II - COST SUMMARY (For use of Information Management Branch only)				FORM NO. AND DATE	DATE OF ESTIMATE	
19. ESTIMATED ANNUAL USAGE (Item 7 - Front of Form) (F)	20. ANNUAL USER COST (Cost for one form multiplied by the Estimated Annual Usage) (E x F) (G)	21. FORMS MANAGEMENT ESTIMATED COSTS		22. ESTIMATED PRINTING COST (J)	23. FORMS MANAGEMENT ESTIMATED COSTS	
		First Year <u>1/</u> (H)	Succeeding Year(s) <u>2/</u> (I)		First Year (G + H + J) (K)	Succeeding Year(s) (G + I + J) (L)
	\$	\$	\$	\$	\$	\$

SECTION III - COST VERSUS BENEFIT EVALUATION (For use by Program Manager)

I have considered the form usage criteria in Section I above, the total estimated costs (Item 23), as well as other documentation on this request. My evaluation of costs vs. benefits has resulted in the following decision:

☐ PROCESS - (Send document forward for completion of Section IV.)
REQUEST

☐ CANCEL - (Return all documents to Information Management Branch.)
REQUEST

SIGNATURE OF PROGRAM MANAGER

DATE EVALUATED

SECTION IV - APPROVAL/DISAPPROVAL (For use of the assigned Agency/Program/Staff Official)

<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	COMMENTS (Continue on separate sheet if necessary)
SIGNATURE	DATE SIGNED

After completion, please return to the Information Management Branch, through the requesting Program Official.